UTILITY OR DESIGN PATENT APPLICATION AND FEE TRANSMITTAL

Attorney Docket No.: 741004.1013							
First Named Inventor: Colin David RICKSON							
Title: CONTAINER							
APPLICATION ELEMENTS:							
 [X] Applicant claims small entity status [X] Specification, Claims and Abstract [Total Pages: 17] [X] Informal Drawing(s) [Total Sheets: 5] [] Declaration and Power of Attorney [Total Pages:] [] Newly executed (original or copy) [] Copy from a prior application [] Deletion of inventor(s) (signed statement attached deleting inventor(s) named in the prior application) 							
5. [] Application Data Sheet							
ACCOMPANYING APPLICATION PARTS:							
6. [] Assignment Papers (cover sheet & document(s)) a. [] Newly executed (original or copy) b. [] Copy from a prior application 7. [] Information Disclosure Statement (IDS) [] Copies of IDS Citation(s) 8. [X] Preliminary Amendment 9. [X] Return Receipt Postcard 10. [] Certified Copy of Priority Document(s) [] English Translation Document(s) 11. [X] Other: LETTER RE PRIORITY							
IF A CONTINUING APPLICATION:							
[] Continuation [] Divisional [] Continuation-in-part (CIP) of prior Application No.: Prior application information: Examiner: Group Art Unit:							
METHOD OF PAYMENT:							
 [X] The Commissioner is hereby authorized to charge indicated fees and credit any overpayment Deposit Account Number: <u>50-0518</u> Deposit Account Name: <u>Steinberg & Raskin, P.C.</u> 	nts to:						
[X] Charge any additional fee required under 37 CFR 1.16 and 1.17							
2. [X] Payment Enclosed							
[X] Check [] Credit Card [] Money Order [] Other							
FEE CALCULATION:							
1. Basic Filing Fee							
Fee Description	Fee Paid						
Basic Filing Fee - Utility	\$385.00						

Subtotal (1): \$385.00

• 2. Extra Claim Fee	s: ·						
			Extra Claims	1	Fee	٦	Fee Pa
Total Claims	21	- 20 =	1	х	\$9.00	=	\$9.00
Independent Claims	s 2	- 3 =	0	х	\$43.00	=	\$0.00
Multiple Dependen	t] =	N/A
					Subtota	1 (2):	\$394.00
3. Additional Fees:							
		Fee Descrip	tion				Fee Pa
					a.		
					Subtota	1 (3):	\$
				cr 1			7224.00
				1 otal	l Amount of Payn	nent:	\$394.00
CORRESPONDENC	E ADDRESS:						
[X] Customer Number	r <u>21831</u>						
PRACTITIONER(S)	OF RECORD:						
[X] Customer Number	er <u>21831</u>						
SUBMITTED BY:							
Name: Grant E. Pollack, Esq.				Registration Number: 34,097			
Signature:	STE	mees		Date	e: November 15,	2003	
		CERTIFIC	ATE OF MAILI	NG			
Express Mail Label N	Io.: <u>EV3331472</u>	93US					
Date of Deposit: N	November 15, 2003	3					
I hereby certify that the Mail Post Office to A Commissioner for Par	ddressee" service	under 37 CFR	1.10 on the date	indi	he United States cated above in ar	Postal 1 enve	Service "E lope addres
	Signature						

Grant E. Pollack
Name of person signing Certificate